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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/226,305 08/23/2002 PAT 6,792,230  
 and is a CIP of 10/367,881 02/19/2003 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2001-388372 12/20/2001 NO  
 JAPAN 2002-270050 09/17/2002 NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY JAPAN	SHEETS DRAWING 20	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
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ADDRESS  
 25944  
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 P.O. BOX 19928  
 ALEXANDRIA, VA  
 22320.

TITLE  
 Image forming apparatus and process cartridge with developer storage portion

<input type="checkbox"/> All Fees
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<b>FILING FEE</b>  <b>RECEIVED</b> <b>1658</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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